

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-002035

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 639

STATE FILE NUMBER

AMENDED

FILED FEB 15 1962

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kansas CityLength of stay in 1b
4 days 40 yrs.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION VA HospitalInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Jackson

c. CITY OR TOWN Independence

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
801 Noland Road NorthReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
FRANCIS JOSEPH SNITZMIER4. DATE OF DEATH
Month Day Year
February 3, 19625. SEX
Male6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
4/11/97
XXXXXX9. AGE (last birthday)
64IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Mechanic10b. KIND OF BUSINESS OR INDUSTRY
Automobile11. BIRTHPLACE (City and state or country)
Glasgow, Missouri12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Frank H. Snitzmier

13b. MOTHER'S MAIDEN NAME

Louisa Horeford Hearford

14. NAME OF HUSBAND OR WIFE

Mary Snitzmier

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give year or dates of service)
Yes WWI

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

VA Hospital Records

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Septicemia, due to empyema of gall bladder and acute seminal vesiculitis.
Septic hepatitis, Splenitis and Pancreatitis.

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Probable carcinoma, prostate with
pyelonephritis, old. Encephalomalacia. Arteriosclerotic heart disease
with old and recent myocardial infarction.

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

20a. HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

PERFORMED?
YES ☒ NO ☐20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1-30-62 to 2-3-62 and last saw him alive on 2-3-62.
Death occurred at 12:55 AM on the date stated above, and to the best of my knowledge, from the causes stated.SIGNATURE (Degree or title)
Stephen Parker

22b. ADDRESS

VA Hospital, KC Mo.

22c. DATE SIGNED

2-3-62

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE

Feb. 5, 1962

23c. NAME OF CEMETERY OR CREMATORY

Mt. Olivet

23d. LOCATION (City, town, or county)

K.C. Missouri

24. FUNERAL DIRECTOR

ADDRESS

OTT & MITCHELL

INDEP, MO.

25. DATE RECD. BY LOCAL REG.

2-3-62

26. REGISTRAR'S SIGNATURE

Ruth Long

FEB 15 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Kenny D. Mitchell
Licensed Embalmer No. 3925

P. O. Address Indep Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.